

# TELEPHONE INCIDENT FORM

|  |   |   |
|--|---|---|
| <b>GENERAL INFORMATION</b>   |   |   |
| NAME OF REPORTER<br>[REDACTED]   |   | ASSOCIATION/AGENCY<br>[REDACTED]  |
| ADDRESS (Street, city, state, and ZIP code)<br>[REDACTED]  |   | PHONE NO.<br>[REDACTED]   |
| LOCATION OF INCIDENT (city, county, and state)<br>Mission Viejo, CA  |   |   |
| START DATE OF INCIDENT<br>Feb. 4, 2002   | END DATE OF INCIDENT<br>still symptoms continue |   |
| DATE OF CALL<br>4/16/2002  | CALL RECEIVED BY OPP<br>Norman Spurling         | PHONE NO.<br>(708) 305-5835   |
| <b>PESTICIDE DESCRIPTION</b>   |   |   |
| PRODUCT TRADE NAME<br>Bioide with Sporicidin   |   | EPA REGISTRATION<br>8383-3 with phenol + sodium phenate   |
| ACTIVE INGREDIENTS<br>also Soot Set with polyethyl oxazolinic resin<br>an adhesive sprayed in ducts to hold down asbestos  |   |   |
| Is the caller a registrant?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No  |   | Has the pesticide(s) associated with this incident been established as the causative agent(s) which resulted in death, illness, plant damage, etc.?<br><input type="checkbox"/> Yes<br><input type="checkbox"/> Probable<br><input checked="" type="checkbox"/> Undetermined<br><input type="checkbox"/> No   |
| Is the report a single incident or a summary of incidents?<br><input checked="" type="checkbox"/> Single<br><input type="checkbox"/> Summary   |   | Was transportation of pesticide involved?<br><input type="checkbox"/> Yes<br><input checked="" type="checkbox"/> No   |
| Is the report new or an update?<br><input checked="" type="checkbox"/> New<br><input type="checkbox"/> Update  |   | Was this incident:<br><input checked="" type="checkbox"/> In or around the home area<br><input type="checkbox"/> Agriculture related<br><input type="checkbox"/> Industrial<br><input type="checkbox"/> Other (specify) _____<br><input type="checkbox"/> Building, office, school, etc.<br><input type="checkbox"/> Pond, lake, stream or related area<br><input type="checkbox"/> Nursery or greenhouse |
| What is the incident category?<br><input type="checkbox"/> 6(a)(2)<br><input checked="" type="checkbox"/> Adverse reaction<br><input type="checkbox"/> Product defect<br><input type="checkbox"/> Lack of efficacy<br><input type="checkbox"/> Other _____   |   | Did this incident involve the disposal of?<br><input type="checkbox"/> Pesticide<br><input type="checkbox"/> Container<br><input type="checkbox"/> Plant material<br><input type="checkbox"/> Animal<br><input type="checkbox"/> Other (specify) _____<br><input checked="" type="checkbox"/> Disposal NOT involved   |
| What is the exposure type?<br><input checked="" type="checkbox"/> Human<br><input type="checkbox"/> Domestic Animal<br><input type="checkbox"/> Wildlife<br><input type="checkbox"/> Groundwater<br><input type="checkbox"/> Surface water<br><input type="checkbox"/> Plant<br><input type="checkbox"/> Contamination<br><input type="checkbox"/> Other _____ |   | Did this incident result in contamination of?<br><input type="checkbox"/> Water<br><input type="checkbox"/> Food<br><input type="checkbox"/> Vehicle<br><input type="checkbox"/> Building<br><input type="checkbox"/> Other (specify) _____<br><input checked="" type="checkbox"/> No contamination   |
| Comments:<br><br>  |   | Is follow-up of this incident planned?<br><input checked="" type="checkbox"/> Yes, by Referred her to NPIC<br><input type="checkbox"/> No<br><input type="checkbox"/> Already completed   |

| HUMAN INVOLVEMENT TABLE |                 |   |  |                     |   |                    |
|-------------------------|-----------------|---|--|---------------------|---|--------------------|
|                         | Column 1        | Column 2  |  | Column 3            | Column 4  | Column 5           |
| Age Group               | Number Affected | NUMBER OF FATALITIES<br>Accidental/ Suicidal/<br>Undetermined Homicidal |  | Number Hospitalized | Number Receiving Medical Treatment But<br><u>Not</u> Hospitalized | Number Not Treated |
| Less than 5 years       |                 |   |  |                     |   |                    |
| 5 - 16 years            |                 |   |  |                     |   |                    |
| 17 - 65 years           |                 |   |  |                     |   |                    |
| Over 65 years           |                 |   |  |                     |   |                    |
| Unknown                 |                 |   |  |                     | 3   |                    |

| ANIMAL INVOLVEMENT TABLE |  |                       |                   |  |
|--------------------------|--|-----------------------|-------------------|--|
| Column 1                 | Column 2   | Column 3              | Column 4          |  |
| Name of Breed/Species    | Type of Animal<br>1. Livestock<br>2. Poultry<br>3. Wildlife<br>4. Birds<br>5. Fish<br>6. Pets<br>7. Bee Colonies | Total Number Affected | Total Number Dead |  |
|                          |  |                       |                   |  |
|                          |  |                       |                   |  |
|                          |  |                       |                   |  |
|                          |  |                       |                   |  |
|                          |  |                       |                   |  |
|                          |  |                       |                   |  |

| PLANT INVOLVEMENT TABLE |   |                                   |                                    |                              |
|-------------------------|---|-----------------------------------|------------------------------------|------------------------------|
| Column 1                | Column 2  | Column 3                          | Column 4                           | Column 5                     |
| Name of Species/Variety | Type of Plant Life<br>1. Crops<br>2. Forest<br>3. Orchards<br>4. Home Garden<br>5. Forage<br>6. Ornamentals | Number of Acres Affected If Known | Number of Plants Affected If Known | Description Of Affected Area |
|                         |   |                                   |                                    |                              |
|                         |   |                                   |                                    |                              |
|                         |   |                                   |                                    |                              |
|                         |   |                                   |                                    |                              |
|                         |   |                                   |                                    |                              |
|                         |   |                                   |                                    |                              |

NARRATIVE DESCRIPTION

On Feb. 4<sup>th</sup>, 2002 [redacted] airducts were treated. She, her daughter, and grand daughter all developed throat congestion, some chest congestion, hoarseness, difficulty breathing (sporadically) and "goopy" eyes. For [redacted] these symptoms still remained although the daughter and grand daughter are much better now. She says her eyes have a liquid discharge especially early in the morning when she arises. Her house had asbestos in the ducts so the company sprayed both inside with Sponicidin and Soot Set to hold down asbestos particles. She also says she has cracks in her ducts. Her old breathing problems vary over time & are often worse at night. She hasn't had the heat on for 4 weeks but the symptoms stayed. The applicator refunded her money but made her sign a medical release in exchange for the money. She also has had heart palpitations since the application.